



Thomas P. Gilson, M.D.
Medical Examiner

Cuyahoga County
Medical Examiner's Office
11001 Cedar Avenue, Cleveland, Ohio 44106
MEDICAL EXAMINER'S VERDICT

THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY

CASE NUMBER: IN2020-00586

Be it Remembered, That on the **9th** day of **April, 2020** information was given to me, **Thomas P. Gilson, M.D.**, Medical Examiner of said County, that the dead body of **a man** supposed to have come to **his** death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found **in Emergency Room, MetroHealth Medical Center** in **Cleveland** of Cuyahoga County, on the **9th** day of **April, 2020**.

I viewed or caused to be viewed the said body at the Medical Examiner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: **(CPD #2020-98883) (MHMC #6021978)**. I also carefully examined or caused to be examined the said dead body at **11:30AM** on the **10th** day of **April, 2020** and I find as follows: to wit:

I, **Thomas P. Gilson, M.D.**, Medical Examiner of said county, having diligently inquired, do true presentment make in what manner **Desmond M. Franklin**, whose body was at the Medical Examiner's Office on the **10th** day of **April, 2020** came to **his** death. The said **Desmond M. Franklin** was **never married, 22 years** of age, a resident of **Cleveland, Cuyahoga County, Ohio**, and a native of **Cleveland, Ohio**; was of the **Black** race, and had **brown** eyes, **black** hair, **black** beard, **black** mustache, was **70 inches** in height, and weighed **249 pounds**.

Upon full inquiry based on all the known facts, I find that the said **Desmond M. Franklin** came to **his** death officially on the **9th** day of **April, 2020** in Emergency Room, MetroHealth Medical Center and was officially pronounced dead at 2:07 P.M., by Dr. Golob. There is history that on April 9th, 2020 at about 1:47 P.M., Cleveland Police and Paramedics responded to a call of shots fired, on Pearl Road, in the vicinity of the Riverside Avenue intersection. On arrival, a male, identified as the said Desmond M. Franklin, 11401 Western Avenue, was found with an apparent gunshot wound, in a vehicle, in the roadway, on Pearl Road, in the vicinity of the aforementioned intersection, and treatment was administered. This man was then transported to MetroHealth Medical Center where he was admitted to the Emergency Room at 2:05 P.M., with the aforementioned injuries. Treatment and drug therapy were administered, however, the said Desmond M. Franklin failed to respond and was pronounced dead at the aforementioned time and date. The County Medical Examiner's Office was notified and Esposito Mortuary Services was dispatched. This man was then transported to the Medical Examiner's Office where an autopsy was performed. That death in this case was the end result of gunshot wound of the head, and was homicidal in nature.

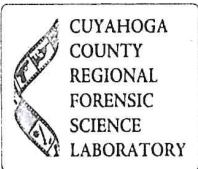
Cause of Death: Gunshot wound of the head.
 HOMICIDE.

Desmond M. Franklin
(Name of Deceased)

Cuyahoga County Medical Examiner



Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
11001 Cedar Avenue, Cleveland, Ohio 44106
Final Report



Page 1 of 3

Case Number : IN2020-00586 Report Date : Tuesday, May 19, 2020
Name : Desmond Franklin Receipt Date : Friday, April 10, 2020
Agency : Cuyahoga County (CCMEO) Pathologist : EMOO - Elizabeth R. Mooney D.O.

Specimen Received

F1 - Femoral Blood U1 - Urine B1 - Blood E1 - Brain
G1 - Gastric I1 - Bile L1 - Liver R1 - Longterm Storage
R2 - Longterm Storage R3 - Longterm Storage V1 - Vitreous Humor V2 - Vitreous Humor

COMMENT : All laboratory activities related to this case were completed between the date the evidence was received, as noted in this report, and the report issue date. Specific activity dates are maintained in the case file for this case.

F1: Femoral Blood Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
Volatile Screen & Confirmation	None Detected		See Last Page, Group 1
Opiate ELISA Screen	None Detected		See Last Page, Group 7
Basic Drugs by GC/MS	Positive		See Last Page, Group 8
Cotinine		Positive	
Diphenhydramine	(C.L. = 95.45%)	0.112 ± 0.020 mg/L	
Cannabinoids by LC-MS/MS	Positive		See Last Page, Group 14
Delta-9-THC	(C.L. = 95.45%)	6.5 ± 1.0 ng/mL	
11-OH-delta-9-THC	(C.L. = 95.45%)	2.2 ± 0.3 ng/mL	
Delta-9-THC-COOH	(C.L. = 95.45%)	25 ± 5 ng/mL	
Amphetamine ELISA	None Detected		See Last Page, Group 7
Barbiturates ELISA Screen	None Detected		See Last Page, Group 7
Benzodiazepines ELISA Screen	None Detected		See Last Page, Group 7
Cannabinoids ELISA Screen	Positive		See Last Page, Group 7
Carisoprodol ELISA Screen	None Detected		See Last Page, Group 7
Cocaine Mtb. ELISA Screen	None Detected		See Last Page, Group 7
Fentanyl ELISA Screen	None Detected		See Last Page, Group 7
Methamphetamine ELISA Screen	None Detected		See Last Page, Group 7
Oxycodone ELISA Screen	None Detected		See Last Page, Group 7
Phencyclidine ELISA Screen	None Detected		See Last Page, Group 7
Tricyclic Antidepressants ELISA Screen	None Detected		See Last Page, Group 7
Methadone ELISA Screen	None Detected		See Last Page, Group 7
Zolpidem ELISA Screen	None Detected		See Last Page, Group 7
Buprenorphine ELISA Screen	None Detected		See Last Page, Group 7

U 1: Urine Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
Basic Drugs by GC/MS	Positive		See Last Page, Group 8
Cotinine		Positive	
Diphenhydramine		Positive	

B1: Heart Blood Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

E1: Brain Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

G1: Gastric Contents Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

I 1: Bile Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

L 1: Liver Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

R 1: Long Term Storage Red Top			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

R 2: Long Term Storage Purple Top			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

R 3: Long Term Storage Purple Top			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

V 1: Vitreous Humor Post Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

V 2: Vitreous Humor Post Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
11001 Cedar Avenue, Cleveland, Ohio 44106
Final Report

Analysis Summary

- 1) **VOLATILES:** Acetaldehyde, Acetone, Acetonitrile*, Butane, Chloroform*, Dichloromethane*, Ethanol, Ethyl Acetate*, Formaldehyde, Isopropanol, Methane, Methanol, Paraldehyde*, Propane, Toluene*. **ETHANOL, ACETONE, ISOPROPANOL, and METHANOL CONFIRMATION(s)** by alternative GC column and/or alternative specimens. **METHANOL** is differentiated from **FORMALDEHYDE** by Colorimetry (Qualitative).
- 2) **Sedatives, Hypnotics, Anti-Epileptic and Other Acidic/Neutral Drugs by GC/MS and GC-FID:**
Amobarbital, Butalbital, Caffeine, Carbamazepine, Carisoprodol, Glutethimide, Ibuprofen, Levetiracetam, Mephenytoin, Meprobamate, Metaxalone, Naproxen, Pentobarbital, Pentoxifylline, Phenobarbital, Phenytoin, Primidone, Secobarbital, Theophylline, Topiramate
- 3) **CARBON MONOXIDE*(Carboxyhemoglobin)** by CO-Oximetry: Carbon Monoxide, Methemoglobin, Hemoglobin
- 4) **GLYCOLS*:** Ethylene Glycol, Propylene Glycol Screened and Confirmed by GC/MS
- 5) **Gabapentin/Pregabalin** by LC-MS/MS (mg/L)
- 6) **EMIT®SCREEN: SYMPATHOMIMETIC AMINES (SMAs)** (target = d-Amphetamine); **BENZODIAZEPINES** (Target= Oxazepam); **COCAINE** (Target= Benzoylcegonine (a cocaine metabolite); **CANNABINOIDS** (Target= 11-nor-Δ-9-THC-COOH (a marijuana metabolite); **OPIATES** (Target= Morphine); **PHENCYCLIDINE** (Target= Phencyclidine); **FENTANYL** (Target= Fentanyl)
- 7) **ELISA (Enzyme-Linked Immunosorbent Assay) SCREEN:** SMAs (Target = d-Amphetamine); **Barbiturates** (Target = Pentobarbital); **Benzodiazepines** (Target = Alprazolam); **Cannabinoids** (Target = 11-nor-Δ-9-THC-COOH (a marijuana metabolite); **Carisoprodol** (Target = Carisoprodol); **Cocaine Metabolite** (Target = Benzoylcegonine); **Fentanyl** (Target = Fentanyl); **Methamphetamine** (Target = d-Methamphetamine); **Oxycodone** (Target = Oxycodone); **Phencyclidine** (Target = Phencyclidine); **Tricyclic Antidepressants** (Target = Nortriptyline); **Methadone** (Target = Methadone); **Opiates** (Target = Morphine); **Zolpidem** (Target = Zolpidem); **Buprenorphine** (Target = Buprenorphine)
- 8) **BASIC DRUGS by GC/MS (Quantitation and Confirmation):** Amantadine, Amitriptyline, Amoxapine, Amphetamine, Atropine, Benzotropine, Brompheniramine, Bupivacaine, Bupropion, Bupropion Metabolites, Buspirone, Caffeine, Carbinoxamine, Chlorophenylpiperazine, Chlorpheniramine, Chlorpromazine, Citalopram, Clomipramine, Clozapine, Cocacethylene, Cocaine, Codeine, Cocaine and metabolites, Cotinine, Cyclizine, Cyclobenzaprine, Desalkylflurazepam, Desipramine, Desmethyl Chlordiazepoxide, Desmethyl Clomipramine, Desmethyl Clozapine, Desmethylsertraline, Desmethylvenlafaxine, Dextromethorphan, Diazepam, Diethylpropion, Diphenhydramine, Disopyramide, Diltiazem, Doxepin, Doxylamine, Ecgonine methyl ester, Ephedrine/Pseudoephedrine, Fenfluramine, Fentanyl, Fluoxetine, Fluvoxamine, Guaifenesin, Haloperidol, Hydrocodone, Hydroxyzine, Imipramine, Ketamine, Laudanosine, Lidocaine, Lidocaine mb (MEGX), Loxapine, Maprotiline, Medizine, Mepclidine, Mephentermine, Mesoridazine, Methadone, Methadone primary mb (EDDP), Methadone secondary mb (EMDP), Methamphetamine, Methylenedioxymphetamine (MDA), Methylenedioxymethamphetamine (MDMA), Methylenedioxypyrovalerone (MDPV), Methylphenidate, Metoprolol, Mexiletine, Midazolam, Mirtazapine, Nefazodone, Nicotine, Nordiazepam, Nordoxepin, Norfluoxetine, Normeperidine, Norpropoxyphene, Nortriptyline, Norverapamil, Olanzapine, Orphenadrine, Oxycodone, Papaverine, Paroxetine, Pentazocine, Pentoxifylline, Perphenazine, Phencyclidine, beta-Phenethylamine, Pheniramine, Phendimetrazine, Phenmetrazine, Phentermine, Phenylpropanolamine, Phenytolexamine, Procaine, Promethazine, Propoxyphene, Propranolol, Protriptyline, Pseudoephedrine, Pyrilamine, Quetiapine, Quinidine, Quinine, Sertraline, Thioridazine, Tramadol, Tranylcypromine, Trazodone, Trihexylphenidyl, Trimipramine, Venlafaxine, Verapamil, Zolpidem
- 9) **ACETAMINOPHEN SCREEN:** Acetaminophen by Colorimetry (Qualitative)
- 10) **SALICYLATE SCREEN:** Salicylate (Aspirin) by Colorimetry (Qualitative), **SALICYLATE CONFIRMATION** by Gas Chromatography
- 11) **XANTHINES** by GC/MS: Acetaminophen, Caffeine
- 12) **CLINICAL CHEMISTRIES (CHEM7):** Ketones, pH, Specific Gravity, and Electrolytes (Sodium, Potassium, Chloride, TCO2, Glucose, Urea, Creatinine)
- 13) **COCAINE CONFIRMATION** by GC/MS: Anhydroecgonine methyl ester, Benzoylcegonine, Cocaine, Cocacethylene, Ecgonine ethyl ester*, Ecgonine methyl ester
- 14) **CANNABINOIDS** by GC/MS: TOTAL 11-nor- Δ⁹-THC-COOH (a marijuana metabolite); **CANNABINOIDS** by LC/MS/MS: Cannabinoids (ng/mL; mcg/L): Δ⁹-THC, 11-OH-Δ⁹-THC (a marijuana metabolite), 11-nor- Δ⁹-THC-COOH (a marijuana metabolite)
- 15) **OPIATES** by GC/MS (ng/mL): Morphine, 6-Acetylmorphine (heroin metabolite), Codeine, Hydrocodone, Dihydrocodeine, Hydromorphone, Norcodeine*, Oxycodone; Oxymorphone. **TOTAL OPIATES** by GC/MS-Hydrolysis followed by **OPIATES** by GC/MS
- 16) **BENZODIAZEPINE CONFIRMATION** by GC/MS: Alprazolam/ metabolite, Diazepam/ metabolites, Clonazepam, Lorazepam, Midazolam/metabolite
- 17) **SYMPATHOMIMETIC AMINES CONFIRMATION** by LC/MS/MS analysis (ng/mL): Amphetamine, beta-Phenethylamine, MDEA, Methamphetamine, Methylenedioxymphetamine (MDA), Methylenedioxymethamphetamine (MDMA), Phentermine, Ephedrine/Pseudoephedrine
- 18) **GHB** by GC/MS (mg/L): Gamma-hydroxybutyric acid (gamma hydroxybutyrate)
- 19) **FENTANYL and ANALOGS** by LC/MS/MS (ng/mL): N-methyl norfentanyl, Norfentanyl, Norcarfentanil, Methoxyacetyl fentanyl, Acetyl fentanyl, Beta-hydroxy fentanyl, Benzyl fentanyl, 4-ANPP, p-Methoxyacetyl fentanyl, Acryl fentanyl, Alfentanil, Fentanyl, Fluoro Acryl fentanyl, Fluoro fentanyl, Cyclopropyl fentanyl, 2-Furanyl fentanyl, Fentanyl carbamate, *trans*-3-Methylfentanyl, Crotonyl fentanyl, Carfentanil, *cis*-3-Methylfentanyl, Butyryl fentanyl, FIBF, Sufentanil, Phenyl fentanyl, Cyclopentenyl fentanyl
- 20) **SENT OUT TO REFERENCE LABS:** Synthetic Cannabinoids and Synthetic Cathinones, Cyanide, 7-amino Flunitrazepam, Flunitrazepam, LSD, Psilocin, Valproic Acid, **HEAVY METAL SCREEN:** (Antimony, Arsenic, Lead, Barium, Cadmium, Bismuth, Mercury, Selenium) or any other drugs not listed above

I certify that the specimen identified by this case, number IN2020-00586 have been handled and analyzed in accordance with all applicable requirements. The result in this report relate to the items tested. For purposes of identification and case tracking the Toxicology Lab uses case numbers exclusively. Name is subject to change based on receipt of information. This report shall not be reproduced except in full, without the written approval of the Cuyahoga County Regional Forensic Science Laboratory.

Chief Forensic Toxicologist

Luigino Apollonio PhD



**Cuyahoga County
Medical Examiner's Office**
11001 Cedar Avenue, Cleveland, Ohio 44106
REPORT OF AUTOPSY

Thomas P. Gilson, M.D.
Medical Examiner

**THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY**

CASE NUMBER: IN2020-00586

**REPORT OF AUTOPSY OF: Desmond M. Franklin
ADDRESS: 11401 Western Avenue, Cleveland, Ohio**

I, **Thomas P. Gilson, M.D.**, Medical Examiner of Cuyahoga County, Ohio, Certify that on the **10th** day of **April, 2020** at **11:30 AM** in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of **Desmond M. Franklin**.

The following is the report of autopsy to the best of my knowledge and belief: This person was a **male**, **never married**, aged **22 years**, of the **Black** race; had **brown** eyes, **black** hair, **good** teeth, was **70 inches** in height, weighing **249 pounds**; a native of **Cleveland, Ohio**.

ANATOMIC DIAGNOSES:

- I. Gunshot wound of the head
 - A. Entrance: right temple, without gross evidence of close-range discharge of a firearm (soot or gunpowder stippling)
 - B. Injury: right temporalis muscle, right temporal bone, right temporal lobe, basilar surface of the brain and skull, left temporal lobe, left temporal bone and left temporalis muscle
 - C. Recovered: a deformed, jacketed, metallic bullet from within the internal surface of the left temporalis muscle
 - D. Direction: right to left and slightly front to back
 - E. Associated injuries: bilateral temporalis muscle hemorrhage; subdural, subarachnoid and intraventricular hemorrhage of the brain; contusions of the bilateral temporo-occipital lobe cortices and brainstem; basilar skull fractures with ecchymosis of the right upper eyelid; and hemorrhage throughout the wound path
- II. Additional injuries
 - A. Abrasions of the left side of the forehead and right arm
 - B. Contusion of the tongue

Cause of Death: Gunshot wound of the head.
HOMICIDE.

Elizabeth Mooney, D.O., M.S.
(Name of Pathologist)

Desmond M. Franklin
(Name of Deceased)

Pathologist Signature

_____, M.D.
Cuyahoga County Medical Examiner

Case: **IN2020-00586**
Name: **Desmond M. Franklin**

County: **Cuyahoga**

GROSS ANATOMIC DESCRIPTION

IDENTIFICATION: The body is identified by Cuyahoga County Medical Examiner tags attached to the left great toe. An additional identification band is around the right great toe.

EXTERNAL EXAMINATION: The body is that of a well-developed, obese (Class II; body mass index of 35.9 kilograms per meter squared), Black male, whose appearance is compatible with the reported age of 22 years. The body weighs 249 pounds and is 70 inches in length.

The body is received unclad. Rigor mortis is present and full. Lividity is purple-pink and fixed, present on the posterior surface of the body, except in areas exposed to pressure. The skin temperature is cold.

Injuries to the body are described below (See "Evidence of Recent Injury"). The scalp hair is approximately $\frac{3}{4}$ " long, black and curly. Facial hair consists of a short black mustache and beard grown predominantly along the jaw. The conjunctivae are tan-pink, with petechiae of the upper and lower left palpebral conjunctivae. The sclerae are tan-white. The corneas are clear. The irides are brown. Blood emanates from the external auditory canals; the external nares and oral cavity are free of foreign material and abnormal secretions. The lips are without evident injury. The teeth are natural and in good condition. The facial bones are palpably intact. The neck is atraumatic and of normal configuration. The chest is of normal male configuration and there are no palpable masses. The abdomen is soft. The extremities appear normal and the joints are not deformed. The skin is of normal pliability and texture; striae are within the bilateral axillae and overlying the hips. The elbows are slightly callused, dry and cracking. All digits are present; the fingernails are variable lengths, soiled and intact. The external genitalia are of a normal adult male conformation; the testes are bilaterally descended within the scrotum. The posterior torso is without note; the anus is unremarkable.

SCARS AND OTHER IDENTIFYING MARKS:

Apparent scars are noted on the lateral right elbow ($\frac{3}{8}$ " x $\frac{1}{8}$ "), posterior right wrist (round, $\frac{1}{4}$ "), on the posterior right hand (few ill-defined, approximately $\frac{1}{8}$ " each), posterior, distal left forearm (tapered, 1" x up to $\frac{3}{16}$ "), left knee (multiple ovoid and linear, up to $\frac{1}{2}$ ") and on bilateral anterior legs (numerous ill-defined and hyperpigmented, up to 1 $\frac{3}{4}$ ") with discrete scars of the medial, mid ($\frac{5}{8}$ " x $\frac{1}{2}$ ") and distal (1" x 1") left leg.

Numerous tattoos are noted above the right eyebrow, on the neck, anterior torso, back, bilateral upper extremities and posterior legs, documented photographically.

EVIDENCE OF RECENT THERAPY:

Evidence of medical intervention includes: electrocardiogram pads on both sides of the upper chest and abdomen; a circular gel pad on the central chest; a puncture site within the left antecubital fossa, covered by gauze and a circumferential elastic bandage; and an intraosseous catheter in the anterior, proximal left leg.

EVIDENCE OF RECENT INJURY:

- I. Gunshot wound of the head
On the right temple, located 4" below the top of the head and $\frac{1}{4}$ " to the right of anterior midline is a $\frac{1}{2}$ " x $\frac{3}{8}$ " gunshot wound of entrance with a dried, circumferential marginal abrasion, measuring up to $\frac{1}{8}$ " at the inferior, posterior margin, with focal sparing of the superior, posterior margin, from which a $\frac{1}{8}$ " curvilinear lacerations extends. No gross soot or gunpowder stippling is on the skin surrounding the gunshot wound. Few punctate ($<\frac{1}{16}$ ") abrasions are on the skin of the adjacent right cheek and anterior helix of the right ear, extending 2 $\frac{3}{4}$ " and 1 $\frac{3}{8}$ " from the anterior and posterior margins of the wound, respectively; stereoscopic examination reveals a minute grey, metallic fragment embedded in an abrasion of the cheek, recovered at the time of autopsy.

Case: **IN2020-00586**
 Name: **Desmond M. Franklin**

County: **Cuyahoga**

The bullet injures the skin/scalp, subcutaneous tissues and inferior right temporalis muscle, passing into the calvarium via the anterolateral right middle fossa of the temporal bone ($\frac{1}{2}$ " x $\frac{3}{8}$ " defect with partial internal beveling) and dura, passes through the right temporal lobe, basilar structures including the optic chiasm, sella turcica, pituitary and mammillary bodies, through the left temporal lobe and exiting the skull via the dura and lateral mid portion of the left middle cranial fossa of the temporal bone ($\frac{1}{2}$ " x $\frac{3}{8}$ " defect with partial external beveling).

From within the internal surface of the inferior left temporalis muscle, a deformed, jacketed, metallic bullet is recovered. The bullet travels right to left and slightly front to back, without additional significant up/down variation.

Injuries associated with the gunshot wound include: ecchymosis of the lateral right upper eyelid; bilateral temporalis muscle hemorrhage; a thin film of subdural hemorrhage predominantly overlying the left cerebral hemisphere and within the posterior cranial fossa (approximately 20 ml total); diffuse subarachnoid hemorrhage of the brain with relative sparing of the frontal poles; cortical contusions of the bilateral inferior surfaces of the temporo-occipital lobes; intraventricular hemorrhage; contusion of the right midbrain and basis pontis; radiating basilar skull fractures including the right orbital roof with extension to both sides of the frontal bone, and bilateral middle cranial fossae including the petrous ridges and left lateral greater wing of the sphenoid bone; and hemorrhage throughout the wound path.

II. Additional injuries

A $\frac{3}{4}$ " x $\frac{3}{8}$ " dried, red-yellow abrasion is on the lateral left side of the forehead, adjacent to the hairline. A $\frac{1}{8}$ " round, red abrasion is on the lateral, mid right arm. Internally, a $\frac{3}{16}$ " superficial contusion is within the left side of the distal tongue.

INTERNAL EXAMINATION:

The injuries, having been described, will not be repeated.

BODY CAVITIES: The viscera of the thoracic and abdominal cavities occupy their normal sites. The serosal surfaces are smooth and glistening. No abnormal fluid collections are present within the pericardial sac, right or left thoracic cavities or abdominal cavity. There are no abnormal adhesions or masses present. The subcutaneous fat layer of the abdominal wall is 2" thick. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: See "Evidence of Recent Injury". The superior calvarium is intact. The uninjured portions of dura are smooth and glistening. The uninjured cerebrum has normal convolutions, with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation present. The cut surfaces of the cerebral hemispheres, brainstem and cerebellum have no gross non-traumatic lesions or abnormalities. The brain weighs 1310 grams.

NECK: Examination of the soft tissues of the neck, including the strap muscles and large vessels, reveals no abnormalities. The laryngeal and tracheal mucosa are smooth and tan, lined by bloody, mucoid fluid. The cervical spine, hyoid bone, and tracheal cartilage are intact. The neck is stable on internal palpation.

CARDIOVASCULAR: The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid or adhesions. The heart is normal in configuration. The coronary arteries arise normally, follow a right-dominant pattern of distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The epicardium is smooth and glistening with a normal amount and distribution of epicardial fat. The cardiac chambers and valves exhibit the normal positional relationship; the valves are thin, pliable and unremarkable. The septa are intact and there are no gross congenital abnormalities.

Case: **IN2020-00586**
 Name: **Desmond M. Franklin**

County: **Cuyahoga**

The left ventricular free wall measures 1.3 cm, the interventricular septum 1.3 cm, the right ventricle 0.4 cm in thickness, and the left ventricular cavity 4.0 cm in diameter. The myocardial cut surfaces have the usual brown appearance throughout without gross evidence of fibrosis or necrosis. The heart weighs 360 grams. The great vessels connect to the heart in a normal fashion. The aorta and its principal branches are patent throughout with no thrombi, areas of erosion, or zones of significant narrowing present. There are no atherosclerotic plaques of the aorta. The vena cava and major tributaries are free of thrombi or other abnormality.

RESPIRATORY: The upper airway contains bloody, mucoid fluid, as described; the lower airways are free of foreign material or obstruction. The mucosal surfaces are smooth, tan-pink and unremarkable. The right and left lungs have a normal lobar configuration. The visceral pleura is smooth and glistening with a minimal amount of brown-black pigment deposition beneath the surfaces. The cut surfaces are red-purple, crepitant and slightly congested, exuding minimal amounts of bloody fluid; no focal lesions are noted. The pulmonary arteries are free of emboli or thrombi; the remaining pulmonary vessels are unremarkable. The right lung weighs 380 grams; the left 350 grams.

RETICULOENDOTHELIAL: The spleen has a normal configuration. The capsule is blue-gray and smooth, without areas of thickening, covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. A 1.0 cm splenule is within the adjacent hilar soft tissues. The lymph nodes are not enlarged. Residual thymic tissue is present consisting of lobulated, tan-yellow parenchyma with partial fat replacement. The spleen weighs 160 grams.

DIGESTIVE: The tongue exhibits focal injury, as described. The esophagus is free of lesions. The stomach has a normal configuration with smooth and glistening serosal surfaces. The gastric mucosa is arranged in the usual rugal folds; the lumen contains an estimated 125 ml of tan-yellow thick fluid and partially digested food, without identifiable foreign objects or pills. There are no areas of ulceration or abnormalities. The small bowel, the colon and the rectum are normal in appearance. The appendix is unremarkable.

HEPATOBIILIARY: The liver is normal in configuration. The liver capsule is smooth and glistening, covering tan-brown parenchyma with no identifiable lesions. The gallbladder is of normal size and configuration and contains thin bile without evidence of calculi. The wall is thin, and the mucosa is bile-stained and velvety. The liver weighs 1590 grams.

GENITOURINARY: The right and left kidneys are similar. The capsules are stripped with ease from the underlying smooth cortical surfaces. The renal cortices are of normal thickness and the cortico-medullary demarcations are distinct. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The renal arteries and veins are patent and free of narrowing lesions. The right kidney weighs 120 grams; the left 110 grams.

The testes, prostate gland and seminal vesicles are without note. The urinary bladder is of normal configuration and contains 7 ml of urine. The mucosa is intact and free of ulcerations or lesions.

ENDOCRINE: No abnormalities are present in the thyroid or adrenal glands. The pancreas is soft and normally lobulated; the cut surfaces are tan-brown with no identifiable gross lesions.

MUSCULOSKELETAL: The musculature is firm, red-brown and normally developed. No fractures are identified within the clavicles, sternum, ribs, spine or pelvis.

MICROSCOPIC EXAMINATION:
 Microscopic examination is deferred.

TOXICOLOGICAL ANALYSIS:
 See separate toxicology report.

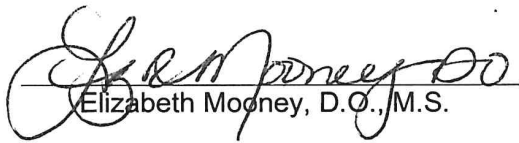
Case: **IN2020-00586**
Name: **Desmond M. Franklin**

County: **Cuyahoga**

CAUSE OF DEATH: Gunshot wound of the head.

MANNER OF DEATH: Homicide.

Based on all information known to me at this time, it is my opinion that **DESMOND M. FRANKLIN**, a 22-year old male, died as the result of a **GUNSHOT WOUND OF THE HEAD**. The circumstances surrounding the death, as determined by the investigative and postmortem findings, indicate that the manner of death is **HOMICIDE**.


Elizabeth Mooney, D.O., M.S.

4/28/20
Date

CUYAHOGA COUNTY MEDICAL EXAMINER
Vital Statistics Report

Case Number: IN2020-00586
Name: Desmond M. Franklin
AKA:
Autopsy Number: POST
Gen Typist: Childs, Alicia
Pathologist: Mooney D.O., Elizabeth
Med Typist: Howse, Talitha
Investigator: Meditz, Christopher M.
Address: 11401 Western Avenue, Cleveland, Cuyahoga, Ohio, 44111
Morgue Fee:
Death Date and Time: 4/9/2020 2:07 PM
VER Fin date: 5/29/2020
Probable Death Date:
FPD Fin Date: 5/4/2020
Place of Death: in Emergency Room, MetroHealth Medical Center, Cleveland, Ohio
Pronounced By: Dr. Golob
Body Received From: in Emergency Room, MetroHealth Medical Center
Convey By: Esposito Mortuary Services
Body Rcvd Date and Time: 4/10/2020 10:27 AM
Viewed Date and Time: 4/10/2020 11:30 AM
Gender: Male
Race: Black
Teeth: good
Age: 22 years
Height: 70
Weight: 249
Beard: black
Mustache: black
Eyes: brown
Hair: black
Marital: Never Married
Name of Spouse: --
Place of Employment: self employed
Occupation: landscaping
Birth Date: 7/30/1997
SSN: 282-02-7469
Funeral Director: R.A. Prince Funeral Home, 16222 Broadway Avenue, Maple Heights, Ohio 44137
Body Disposition: cremation
Indigent/Donate:
Burial Place: Greenfield Crematory, 5475 Lake Court, Cleveland, Ohio 44114
Associated Cases:
Marks and Wounds:
Cause of Death: Gunshot wound of the head.
HOMICIDE.

Injury					
Injury Date	Injury Time	Place of Injury	Location of Injury	Describe How Injury Occurred	Injury City and State
04/09/2020	1:47 P.M., AP.	in vehicle, in roadway, on Pearl Road, vicinity of	Riverside Avenue intersection	Shot.	Cleveland-Cuyahoga-OH
Manner: Homicide				DC Orig Date:	4/22/2020
DC Pend Date:				DC Supp Date:	
DC Filed At: Cleveland				DC Affi Date:	
DC Comment:					
Body Disposition Comment:					
VER Amended Date:			FPD Amend Date:		
Amend Comment:					